

**Reimbursement Claim Summary
Solid Waste Reduction and Recycling
Demonstration Grant Program**

Form 8700-253 (R 11/02)

Notice: Information requested on this form is required by the Department for any reimbursement claim submitted pursuant to s. 287.25, Wis. Stats. The Department will not consider a request for payment unless complete information is submitted. Personally identifiable information completed on this form is not intended to be used for any other purpose.

Applicant Name:	Project #:
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Budget Summary

Enter total costs for each of the categories below. The "Approved or Projected Costs" are found in Exhibit A of your grant agreement. Your actual costs must be recorded in detail on the Reimbursement Claim Worksheet, Form 8700-220. The total actual cost for each category should then be transferred to this summary sheet in the "Actual Cost" column.

Eligible Costs	Approved or Projected Cost	Actual Cost
A. Labor Costs		
B. Supplies		
C. Equipment Costs		
D. Consultant Services		
E. Other (specify):		
Total Project Cost		
	x .50	x .50
Grant Amount (may not exceed \$150,000)		

Note:

1. Actual costs may differ from original approved costs; however, the Department must approve any major changes in advance.
2. The actual grant amount will be limited to the original approved grant amount, even if total project costs spent exceed total project costs projected.
3. Include a "Reimbursement Claim Worksheet," Form 8700-220, for each budget category to provide details of the above cost categories.